###### GRANT REPORT FORM



For use when reporting on Grants awarded in 2014 and beyond.

**Submit ONE copy of this Report to the attention of Amy Stewart, Grants Manager, via US Mail to:**

Lutheran Foundation of St. Louis

8860 Ladue Road, Suite 200

St. Louis, MO 63124

|  |  |  |
| --- | --- | --- |
| **Organization Name:** | | |
| **Project/Program Name:** | | **Grant Number:**  (found on Grant Agreement) |
| **Contact Person who Prepared This Report:** | **Contact Person for this Project/Program:** | |
| **Name:** | **Name:** | |
| **Title:** | **Title:** | |
| **Phone:** | **Phone:** | |
| **Email:** | **Email:** | |

|  |  |  |
| --- | --- | --- |
| **Type of Report**  **(Choose One):** | **Time Period Covered in Report Should Include:[[1]](#footnote-1)** | **Time Period Covered in This Report (Complete One):**  **MM/DD/YYYY – MM/DD/YYYY** |
| Interim | Grant Start Date – Interim Report Due Date |  |
| Annual | 12 months prior to Annual Report Due Date |  |
| Final | Entire Grant Period |  |

**All information listed in the left columns of the tables below should be identical to the information in your approved Logic Model and/or Evaluation Plan (attached to your Grant Agreement). The purpose of this report is to compare proposed and approved efforts with those actually achieved during the *time period covered in this report*. You may include additional efforts and learning, but do not omit anything that was submitted in your Logic Model or Evaluation Plan. Use additional space if needed, by inserting rows to the tables below.**

# 1. Activities

|  |  |
| --- | --- |
| PROPOSED - List all of the **activities/services as proposed** in your Grant Application’s Logic Model. | ACTUAL – List the **activities/services** you **actually implemented/delivered** **during the *time period covered in this report*.** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Explain the **reasons for any differences** between your proposed activities/services and those you actually accomplished. Include an explanation for how you addressed any barriers you encountered and how you plan to address them in the future. | |

### **Target population**

|  |  |
| --- | --- |
| PROPOSED – Identify the **target population** you **proposed to reach** in your Grant Application’s narrative including numbers of people you planned to serve. | ACTUAL – Identify those you **actually reached,** including **how many were served, during the *time period covered in this report*.** |
|  |  |
| Explain the **reasons for any differences** between your proposed target population and those you actually served, including any variations in proposed vs. actual numbers served. Include an explanation for how you addressed any barriers you encountered and how you plan to address them in the future. | |

#### Outputs (ONLY For Grants awarded in 2015 and beyond)

|  |  |
| --- | --- |
| PROPOSED – List the **outputs** you proposed to deliver in your Grant Application’s Logic Model. | ACTUAL – Identify the **outputs** you actually delivered **during the *time period covered in this report*.** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Explain the **reasons for any differences** between your proposed outputs and actual outputs. Include an explanation for how you addressed any barriers you encountered and how you plan to address them in the future. | |

#### Outcomes

|  |  |
| --- | --- |
| PROPOSED – List all of the **Outcome Statements** you agreed to measure in your Logic Model (for grants awarded before 2015) or Evaluation Plan (for grants awarded in 2015 and beyond). | ACTUAL – Using the same format for Outcome Statements, report on **actual outcomes achieved** **during the *time period covered in this report*.** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Describe your evaluation process for measuring and reporting on the specific outcomes listed above, and describe any changes you plan to make, if any, to your evaluation process (i.e. evaluation methods, evaluation timeline, etc.). |
| **Describe any differences** between what you hoped to accomplish and what you actually accomplished. Include a description of any changes you plan to make to reach your outcomes in the future. |

5. Did you implement your **collaboration(s)** with other organization(s) during time period covered in this report as described in your Grant Application?

Yes SomewhatNo

Include a brief explanation of the collaboration(s). If ‘somewhat’ or ‘no’, describe how you are addressing any barriers or challenges you have

encountered:

6. Did you **utilize volunteers** (particularly volunteers of Christian faith) during time period covered in this report as described in your Grant Application?

Yes SomewhatNo

Include a brief explanation of volunteer involvement. If ‘somewhat’ or ‘no’, describe how you are addressing any barriers or challenges you have

encountered:

1. Please share any additional comments/feedback, if desired:
2. **Project/Program Revenues** – Identify the sources and amounts of *Other Funds* and *In-Kind Support* secured for the project/program during time period covered in this report.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Amount Other Funds | Amount **In-Kind Support** | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

9. Project/program **expenditures** – Please document expenses **during the *time period covered in this report***, and what funds/sources were used to cover those expenses. In the “Lutheran Foundation Funds” section, please indicate in the left column what expenditures were approved in your Grant Agreement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expense | **Lutheran  Foundation Funds** | | Other Cash Funds | In-Kind (Non-cash) Funds | **Total** |
|  | **Approved[[2]](#footnote-2)**  **Amount** | **Actual**  **Expense** |  |  |  |
| Salary & Benefits |  |  |  |  |  |
| Contract Services |  |  |  |  |  |
| Occupancy (rent, utilities, maintenance) |  |  |  |  |  |
| Training/Professional Development |  |  |  |  |  |
| Insurance |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Supplies |  |  |  |  |  |
| Printing, Copying, & Postage |  |  |  |  |  |
| Evaluation |  |  |  |  |  |
| Marketing |  |  |  |  |  |
| Conferences, Meetings, etc. |  |  |  |  |  |
| Administration |  |  |  |  |  |
| Project Expenses - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Project Expenses - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Project Expenses - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **TOTAL EXPENSES** |  |  |  |  |  |
| Provide any comments on the above expenditures, especially if they differ significantly from your Grant Application and/or Grant Agreement. | | | | | |

**For FINAL Reports Only**

10. For grantees funded under the **Services to Ex-Offenders** **and Their Families** Funding Focus Area **ONLY:**

Have any ex-offenders served by the project/program at any time throughout this *entire* grant period been **re-arrested**?

🞎 Yes; \_\_\_\_ out of \_\_\_\_\_ (\_\_\_%) were re-arrested 🞎 No

Have any ex-offenders served by the project/program at any time throughout this *entire* grant period been **re-incarcerated**?

🞎 Yes; \_\_\_\_ out of \_\_\_\_\_ (\_\_\_%) were re-incarcerated 🞎 No

If you answered, “Yes” to any of the above, **please discuss,** especially if the rates were higher than anticipated.

11. What have you learned during this *entire* grant period? (ex: ways to improve project implementation/effectiveness, facilitate collaborative relationships,

improve future activities, strengthen outcome statements, etc.)

12. How have and/or will you adjust your organization or future projects/programs based on the lessons you have learned?

13. Will this **project/program continue** beyond Lutheran Foundation of St. Louis’ grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes” (check one):

\_\_\_\_\_ at the same level as during the grant period.

\_\_\_\_\_ at an increased level.

\_\_\_\_\_ at a decreased level.

If “no”, please explain:

1. *See Grant Report User’s Guide and your Grant Agreement for additional instructions if you need assistance to determine which type of Report you’re required to submit and which time period the Report should cover.*  [↑](#footnote-ref-1)
2. Please reference the “Special Conditions” or “Grant Terms” section of your Grant Agreement to identify the approved budget items and amounts. [↑](#footnote-ref-2)